

Case Number:	CM14-0118182		
Date Assigned:	08/06/2014	Date of Injury:	08/15/2003
Decision Date:	09/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 15, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; earlier lumbar laminectomy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 11, 2014, the claims administrator denied a cervical MRI, denied a thoracic MRI, denied an epidural steroid injection, partially certified Lyrica, denied Celebrex, denied Robaxin, approved Tylenol, and approved naproxen. The medications were apparently denied on the grounds that they were not beneficial. The attending provider did not state whether or not the applicant had or had not had a prior epidural injection. In a December 26, 2013 progress note, it was acknowledged that the applicant was using Ambien, Duragesic, Wellbutrin, Zoloft, Abilify, Topamax, Lyrica, Zanaflex, and Celebrex. Many of the medications were refilled. The applicant was described as having opioid dependence issues. Detoxification via clonidine was endorsed at that point. In a July 8, 2014 progress note, the applicant reported 8/10 neck, mid back and low back pain. The applicant was status post a total hip arthroplasty and a lumbar discectomy procedure, it was stated. The applicant had received extensive physical therapy, it was acknowledged, and had apparently been enrolled in a detoxification program. The applicant was using Lyrica, Celebrex, Zanaflex, Prilosec, Viagra, Wellbutrin, Zoloft, Ativan, Abilify, Topamax, Haldol, and Cogentin, it was stated. Multiple medications were issued, including Lyrica, Celebrex, Robaxin, Tylenol, and naproxen. Cervical epidural injection therapy was endorsed. Laboratory testing was also sought, along with a gym membership. Intrathecal Prialt was also proposed. There was no mention of whether or not these medications were efficacious or not. In an earlier note dated May 13, 2014, the applicant again reported persistent complaints

of neck pain status post earlier medial branch block procedures. Multiple medications were issued on this occasion, including Lyrica, Celebrex, Robaxin, Tylenol, and naproxen. A medial branch rhizotomy procedure and/or intrathecal Prialt were endorsed. The applicant was placed off of work, on total temporary disability. Laboratory testing was sought. On February 18, 2014, the applicant was described as off of Suboxone and off of opioids. Lyrica, Celebrex, Robaxin, Tylenol, and naproxen were endorsed. It was stated that the medications were working, although this was not quantified. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99,7.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line treatment for neuropathic pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The attending provider has not clearly outlined any tangible decrements in pain or improvements in function achieved as a result of ongoing Lyrica usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier, ongoing usage of Lyrica. Therefore, the request is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 7,22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 selective NSAIDs such as Celebrex may be considered if an applicant has a risk of GI complications, page 22 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Celebrex is not indicated for the majority of applicants. In this case, the attending provider has concurrently furnished the applicant with prescriptions for naproxen and Celebrex. In this case, there was no mention of any GI complications which would support provision of Celebrex. It is further noted that page 7 of the MTUS Chronic Pain Medical

Treatment Guidelines does stipulate that an attending provider take into account "other medications" into his choice of pharmacotherapy. The applicant, moreover, is concurrently using a second NSAID, naproxen. No rationale for provision of two separate NSAIDs was proffered by the attending provider. Therefore, the request is not medically necessary.

Robaxin 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant's Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The attending provider, however, is seemingly endorsing Robaxin for chronic, long-term, scheduled, and daily use purposes, which are not supported by page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that, as with the other medications, that the attending provider has failed to incorporate any discussion of medication efficacy insofar as Robaxin is concerned. The fact that the applicant remains off of work, on total temporary disability, despite ongoing usage of the same, does moreover, suggest a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.